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744 P	Street	<i>T</i>	À,
Sacrar	nento,	CA	9

UNIFORM HAZARDOUS WASTE MANIFEST

et to, CA	JUL 6 1983		s	TATE ID NUM	BER 8	304	245	35_			
	type (12 characters per inch).	D.C (12 characters per inch).			NIFEST DOCUMENT NUMBER						
GEN	ENERATOR NAME AND MAILING ADDRESS Oil & Solvent Process Company			EPA !	ID NUMBE	R					
	1704 West First Screet Tel 213 334-511	L7		אף וטומגיי			NUME	1			
ARE	EA CODE/FHORE WOME	T	VEH./C	ONTAINER NO.		<u></u>					
TRA	ANSPORTER NO. 1										
	Oil & Solvent Process Company 1704 West First Street Azusa, Ca 91702		i l	1333		100 1	<u>813</u> L	<u>02 9</u>	_a		
			V.EH./C	ONTAINER NO	·	EPAII	о мим	IBEN			
TRA	ANSPORTER NO. 2/ALTERNATE TSD FACILITY										
			111	1111	111	111		MREB	<u></u>		
	CODY CACILITY					EPA	ID NU	VIDER			
TR	REATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY										
	Omega Chemical Company							_			
AI W	10504 E WILLUICE Dave - 1 010 93/-	-5117			CAI	D1014	1212	4 1510	1 (
Δ.	Whittier Ca 90002 BEACODE PHONE NUMBER	UN/N/	A 7	TOTAL	UNIT	CONTA	INER	WASTE CAT NO	10		
1	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	NUMBE		QUANTITY	WT/VOL	NO.	TIPE	1521.10	T		
				101 217 12	G	015h	DM	2111	11		
W	Vaste Hazardous Waste Liquid N.O.S. ORM-E	NA 191	118 19	121 317 13		<u> </u>	1				
I	lazardous Waste Liquin Hama	1,11	1 1				11,	UNI	<u></u>		
		<u>1L-L-</u>				. RANGE		%	15 P		
	COMPONENTS				UPPER						
					98	9	4	X			
	Trichlorotriflouoroethane							~,			
- -	Trichlorous				2_		0	X	\vdash		
	Methanol/Ethanol			-	2		0	Х			
1					<u> </u>			, 			
	Water/Dirt/Oil SPECIAL HANDLING INSTRUCTIONS										
	11 17 ngs/ba.										
	guld 22,098/bs.										
	// Clayes & Goggles		1 mark 2	d and labeled, an	d are						
	This is to certify that the above named wastes are properly classified, describ	ed, packaged ents of the Do	epartme	nt of Transportat	ion [мо.	DA	AY	Y		
	in proper condition for transportation according to the application and the EPA.								8		
	Betty Peckila	am-OSCC	, 			D		<u> </u>	101		
	Printed or typed full name and signature				DATE	MO.	D	AY	T		
		STES			REC'D				13		
로 된 된	JIM I	HARTMAI	7-0S	CO ,	& ACCEPTED	0		1/	13		
BE FILLED IN TRANSPORTER	1 Constitution		<u> </u>		DATE REC'D	мо.		YAY	'		
F1L ansf	Printed of typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WA				&	,		,			
. TR.	1-24119				ACCEPTED	1		_ 			
75 P. Y.	Printed or typed full name and signature DISCREPANCY INDICATION SPACE										
	DISCHEPANCT INDISATION										
O T								/FD 0 * *			
ı L L I TSD	Facility owner or operator: Certification of receipt of hazardous waste co	overed by thi	s manife	est except as note	d 	MO.		VED & A	٦		
BE FILLED BY TSDF		vaste	EPA	ID NUMBER		IVIO.	\				
ο≧		n	(n. a./	1001110	אומס	00		26	<u></u>		
-	STEVE SIMPSON ALLUS MAYON Printed or typed full name and signature TSDF SENDS THIS CO	- KIN	WW!	42121451	<u> </u>						
	Printed or typed tuli name and significant	DV TO D(DHS V	ALILLIN TO DY	710						